

Business Credential Application

Safety and Buildings Division
 201 W. Washington Avenue
 P.O. Box 7082
 Madison WI 53707-7082
 Phone (608) 261-8500
 TDD #: (608) 264-8777
 7:45 a.m. - 4:30 p.m.
 www.commerce.state.wi.us

**THE CREDENTIAL WILL NOT BE
PROCESSED UNLESS YOU :**

- A. Sign and date this form;
- B. Submit a complete application with all blanks filled in or marked non-applicable;
- C. Attach the specified fee; and
- D. Attach documents if specified on this application.

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

Instructions: Please review the pre-printed information in the boxed portions of this application. Clearly print corrections or new information where needed. Please use a color of ink other than black. **Be certain to sign and date the application.** The contact person for a business credential must be the owner of the business, a partner applying on behalf of a partnership, or the chairman of the board or chief executive officer applying on behalf of a corporation. The business FEIN number or contact person social security number is mandatory information. **Make a photocopy of the completed application for your records.**

By signing below, the contact person swears that all information provided on this application is true, accurate and that the credential requirements are met. **Notice: Information collected may be used for participation surveys, eligibility for approvals, law enforcement (including child support and tax delinquency enforcement) purposes and other secondary purposes. The Department may also provide this information to requesters pursuant to Wisconsin's open records law, ss. 19.31-19.39 stats. Social security numbers are required when applying for a license according to Wisconsin Stats. But they may not be disclosed to anyone except other State of Wisconsin governmental agencies.**

Contact Person's Signature	Date (mo/day/yr)	Contact Person's Title																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Business Information</td> <td style="width: 50%;"></td> </tr> <tr> <td colspan="2">Federal Employer Identification Number (FEIN):</td> </tr> <tr> <td colspan="2">Business Name:</td> </tr> <tr> <td colspan="2">No. & Street, or P.O. Box:</td> </tr> <tr> <td colspan="2">City, Town or Village, State, Zip + 4 Code:</td> </tr> <tr> <td colspan="2">Country, If Other Than United States:</td> </tr> <tr> <td colspan="2">Business Telephone No. (include area code):</td> </tr> <tr> <td colspan="2">If Available, Business Fax No. (include area code):</td> </tr> <tr> <td colspan="2">If Available, Business Internet Address:</td> </tr> <tr> <td colspan="2">We are going to put phone numbers in the lists of businesses on our website. If you do not want your phone number listed, please let us know.</td> </tr> </table>	Business Information		Federal Employer Identification Number (FEIN):		Business Name:		No. & Street, or P.O. Box:		City, Town or Village, State, Zip + 4 Code:		Country, If Other Than United States:		Business Telephone No. (include area code):		If Available, Business Fax No. (include area code):		If Available, Business Internet Address:		We are going to put phone numbers in the lists of businesses on our website. If you do not want your phone number listed, please let us know.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Contact Person Information</td> <td style="width: 50%;"></td> </tr> <tr> <td colspan="2">Contact Person's Social Security No:</td> </tr> <tr> <td colspan="2">Contact Person's Name (First, Middle and Last):</td> </tr> <tr> <td colspan="2">Home Address No. & Street, or P.O. Box:</td> </tr> <tr> <td colspan="2">City, Town or Village, State, Zip + 4 Code:</td> </tr> <tr> <td colspan="2">Country, If Other Than United States:</td> </tr> <tr> <td colspan="2">Home Telephone No. (include area code):</td> </tr> <tr> <td colspan="2">If Available, Home Fax No. (include area code):</td> </tr> <tr> <td colspan="2">If Available, Home Internet Address:</td> </tr> </table>	Contact Person Information		Contact Person's Social Security No:		Contact Person's Name (First, Middle and Last):		Home Address No. & Street, or P.O. Box:		City, Town or Village, State, Zip + 4 Code:		Country, If Other Than United States:		Home Telephone No. (include area code):		If Available, Home Fax No. (include area code):		If Available, Home Internet Address:		
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HEATING, VENTILATING, AIR CONDITIONING CONTRACTOR REGISTRATION

Application and Credential Fee (nonrefundable): \$110.00 class code 7644

Make checks payable to: Safety and Buildings Division. The credential will be effective for 4 years from the date of issuance. Applications may be hand delivered to 201 W. Washington Ave, Fourth Floor, Madison, WI between the hours of 7:45 a.m. and 4:30 p.m., Monday through Friday.

New Comm 5 Changes affecting your license: Rule revisions effective August 1, 2004, adjusted the length of terms for some Safety and Buildings Division credentials. Fees were not increased nor were continuing education requirements increased, but were adjusted accordingly to reflect the longer license cycle. The total renewal fee and the required continuing education hours changed as the credentials went from two- or three-year terms to four-year terms. For specific code language, see Comm 5.06 (online at <http://www.commerce.state.wi.us/SB/SB-DivCodesListing.html>).

Reason for Registration: Pursuant to ss. 101.177 (2) and (3) (a) and 101.178 (2), Stats., unless the person, entity or business holds a credential issued by the department as a registered HVAC contractor, no person, entity or business may engage or offer to engage in the following activities:

- installing heating, ventilating or air conditioning equipment for facilities or properties not owned by the person or entity;
- servicing heating, ventilating or air conditioning equipment or systems for facilities or properties not owned by the person or entity; or
- installing or servicing refrigeration equipment that would release or may release ozone-depleting refrigerant or sell for reuse used ozone-depleting refrigerant from refrigeration equipment.

A person, entity or business is not required to hold a credential as a registered HVAC contractor for electrical or plumbing work associated with the installation or servicing of HVAC equipment or systems. Note: Plumbing work associated with the installation or servicing of HVAC equipment or systems may necessitate a plumbing license. Electrical work associated with the installation or servicing of HVAC equipment or systems may necessitate under local ordinance an electrical certification.

Requirements of Credential: For any construction or installation that requires a uniform building permit under s. Comm 20.08, persons, entities, or businesses which hold licenses, certifications, or registrations as identified in Comm 5 may not commence construction or installation until a permit is issued.